

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Invest in a Strong and Secure America

ADDRESS (number and street)

PO Box 3799

Check if different
than previously
reported. (ACC)

Vista

CA

92085

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00450320

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y
06 05 2018in the
State of

CA

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 01 2018

through

M M / D D / Y Y Y Y Y Y
05 16 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Slater, Jen, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Slater, Jen, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
05 24 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Invest in a Strong and Secure America

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y 05 / 16 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		167312.23
(b) Cash on Hand at Beginning of Reporting Period.....	144798.96	
(c) Total Receipts (from Line 19)	31419.76	33923.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	176218.72	201235.82
7. Total Disbursements (from Line 31).....	37006.49	62023.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	139212.23	139212.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Invest in a Strong and Secure America

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28700.00	28700.00
(ii) Unitemized	425.00	425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29125.00	29125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2293.61	4793.61
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	31418.61	33918.61
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.15	4.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31419.76	33923.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31419.76	33923.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	36006.49	61023.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36006.49	61023.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37006.49	62023.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37006.49	62023.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	31418.61	33918.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31418.61	33918.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	36006.49	61023.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36006.49	61023.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ISSAC, CHRISTINE, , ,

Mailing Address 3 TIMES SQUARE

City
NEW YORK

State
NY

Zip Code
10036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2018

Transaction ID : NONA4009

Amount of Each Receipt this Period

3000.00

☐ Memo Item

INKIND: PAC Event Costs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ISSAC, WILLIAM, , ,

Mailing Address 3 TIMES SQUARE

City
NEW YORK

State
NY

Zip Code
10036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FTI CONSULTING

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2018

Transaction ID : NONA4010

Amount of Each Receipt this Period

3000.00

☐ Memo Item

INKIND: PAC Event Costs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLETCHER, KIM, , ,

Mailing Address 530 LOMAS SANTA FE DR, STE C

City
SOLANA BEACH

State
CA

Zip Code
92075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KIM FLETCHER

Occupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2018

Transaction ID : INCA3999

Amount of Each Receipt this Period

1250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

7250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAHAM, SHEILA J., , ,

Mailing Address 406 AVENIDA SALVADOR

City
SAN CLEMENTE

State
CA

Zip Code
92672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2018

Transaction ID : INCA4000

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOJAIAN, C. MICHAEL, , ,

Mailing Address 39400 N WOODWARD AVE STE 250

City
BLOOMFIELD HILLS

State
MI

Zip Code
48304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KOJAIAN COMPANIES

Occupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2018

Transaction ID : INCA3998

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOWMAN, AUDREY, , ,

Mailing Address 3431 LOMITA BLVD

City
TORRANCE

State
CA

Zip Code
90505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MICRONOVA MANUFACTURING, INC

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2018

Transaction ID : INCA4005

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

7950.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLNAR, MARIA R., , ,

Mailing Address 5208 CREEKSIDE TRL

City
SARASOTA

State
FL

Zip Code
34243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2018

Transaction ID : INCA4002

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PROCTOR, DANIEL E., , ,

Mailing Address 5401 VERNER DR

City
La Palma

State
CA

Zip Code
90623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRIWEST LTD

Occupation (for Individual)
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2018

Transaction ID : INCA4006

Amount of Each Receipt this Period

850.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUTER, GEORGE, , ,

Mailing Address 2580 GREENWOOD ACRES DR

City
DeKalb

State
IL

Zip Code
60115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2018

Transaction ID : INCA4004

Amount of Each Receipt this Period

1050.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSEY, DIANE, , ,

Mailing Address 2352 PINE ST

City
SAN FRANCISCO

State
CA

Zip Code
94115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
A WILSEY PROPERTIES CO

Occupation (for Individual)
OWNER / CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2018

Transaction ID : INCA4007

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Corley, Christopher, , ,

Mailing Address 1117 10th St NW, #8111

City
Washington

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Christopher Corley

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2018

Transaction ID : INCA4018

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CROWLEY, NEAL R., , ,

Mailing Address 2684 WINDWOOD CT

City
CLARKSVILLE

State
TN

Zip Code
37043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2018

Transaction ID : INCA4013

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PANKEY, ELIZABETH S., , ,

Mailing Address 320 W MAIN ST

City
TUSTINState
CAZip Code
92780FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M	D D	Y Y Y Y
05	09	2018

Transaction ID : INCA4015

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWORTWOOD, DON, , ,

Mailing Address 2563 CALLE DEL ORO

City
LA JOLLAState
CAZip Code
92037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WESTERN STATES INVESTMENT CORPOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M	D D	Y Y Y Y
05	09	2018

Transaction ID : INCA4016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWORTWOOD, LINDA, , ,

Mailing Address 2563 CALLE DEL ORO

City
LA JOLLAState
CAZip Code
92037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M	D D	Y Y Y Y
05	09	2018

Transaction ID : INCA4017

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

6900.00

TOTAL This Period (last page this line number only).....▶

28700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IPCPR - INTERNATIONAL PREMIUM CIGAR & PIPE RETAILERS ASSN PAC

Mailing Address 513 CAPITOL COURT NE, #300

City
WASHINGTON

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2018

Transaction ID : NONA4008

Amount of Each Receipt this Period

544.00

☐ Memo Item

INKIND: Event Cigars

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THE GOOD FUND

Mailing Address PO BOX 6572

City
SPRINGFIELD

State
VA

Zip Code
22150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2018

Transaction ID : NONA4029

Amount of Each Receipt this Period

1749.61

☐ Memo Item

INKIND: Travel Costs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2293.61

2293.61

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. PAYPAL, INC.

Mailing Address 2145 HAMILTON AVENUE

City
SAN JOSEState
CAZip Code
95131Purpose of Disbursement
Service Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB3988

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address PO BOX 619616

City
DallasState
TXZip Code
75626Purpose of Disbursement
Airfare Costs

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB3993

Amount of Each Disbursement this Period

551.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CUSTOM INK

Mailing Address 2910 District Ave

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
PAC Event Costs

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB3992

Amount of Each Disbursement this Period

860.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1442.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. HAMMOND & ASSOCIATES

Mailing Address PO BOX 368

City
FALLS CHURCHState
VAZip Code
22040Purpose of Disbursement
Fundraising Consulting Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB3994

Amount of Each Disbursement this Period

3306.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN COMPLIANCE GROUP INC

Mailing Address 9070 IRVINE CENTER DRIVE, #150

City
IRVINEState
CAZip Code
92618Purpose of Disbursement
Financial Analyst

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB3996

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DNStrategic

Mailing Address 2720 S Arlington Mill Drive, #810

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Strategic Consulting Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB3995

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8556.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address 77 WEST WACKER DRIVE

City
CHICAGOState
ILZip Code
60601Purpose of Disbursement
Airfare Costs

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	2			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB4025

Amount of Each Disbursement this Period

1137.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PACIFIC POLITICAL INC.

Mailing Address 1800 THIBODO ROAD, SUITE 300

City
VISTAState
CAZip Code
92081Purpose of Disbursement
PAC Administration Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB3997

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IPCPR - INTERNATIONAL PREMIUM CIGAR & PIPE RETAILERS ASSN PAC

Mailing Address 513 CAPITOL COURT NE, #300

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
INKIND: Event CigarsCategory/
Type

Candidate Name

IPCPR - INTERNATIONAL PREMIUM CIGAR & PIPE RETAILERS ASSN PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : NONB4008

Amount of Each Disbursement this Period

544.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1981.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. THE GOOD FUND

Mailing Address PO BOX 6572

City
SPRINGFIELDState
VAZip Code
22150Purpose of Disbursement
INKIND: Travel Costs

Candidate Name

THE GOOD FUND

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : NONB4029

Amount of Each Disbursement this Period

1749.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address PAYMENT CENTER

City
MEMPHISState
TNZip Code
38101Purpose of Disbursement
Shipping Costs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB4024

Amount of Each Disbursement this Period

11.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ISSAC, CHRISTINE, , ,

Mailing Address 3 TIMES SQUARE

City
NEW YORKState
NYZip Code
10036Purpose of Disbursement
INKIND: PAC Event Costs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : NONB4009

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4761.26

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. ISSAC, WILLIAM, , ,

Mailing Address 3 TIMES SQUARE

City
NEW YORKState
NYZip Code
10036Purpose of Disbursement
INKIND: PAC Event Costs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2018

FEC Identification Number

C**Transaction ID : NONB4010**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gulf Coast Destinations

Mailing Address 2010 Hwy C-30

City
St JoeState
FLZip Code
32476Purpose of Disbursement
PAC Event Costs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2018

FEC Identification Number

C**Transaction ID : EXPB4022**

Amount of Each Disbursement this Period

960.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PAYMENT CENTER

City
LOS ANGELESState
CAZip Code
90010Purpose of Disbursement
PAC Event Costs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2018

FEC Identification Number

C**Transaction ID : EXPB4030**

Amount of Each Disbursement this Period

14979.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18939.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. LONGBOAT KEY CLUB & RESORT

Mailing Address 442 GULF OF MEXICO DR

City
LONGBOAT KEYState
FLZip Code
34228Purpose of Disbursement
PAC Event Costs

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				3	0		2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : EDTB45EXPE

Amount of Each Disbursement this Period

[REDACTED] 14979.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN COMPLIANCE GROUP INC

Mailing Address 9070 IRVINE CENTER DRIVE, #150

City
IRVINEState
CAZip Code
92618Purpose of Disbursement
Financial Analyst

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				0	2		2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4031

Amount of Each Disbursement this Period

[REDACTED] 250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAYPAL, INC.

Mailing Address 2145 HAMILTON AVENUE

City
SAN JOSEState
CAZip Code
95131Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				0	9		2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB4020

Amount of Each Disbursement this Period

[REDACTED] 34.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED]	284.30
[REDACTED]	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address PAYMENT CENTER

City
MEMPHISState
TNZip Code
38101Purpose of Disbursement
Shipping Costs

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB4021

Amount of Each Disbursement this Period

11.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYPAL, INC.

Mailing Address 2145 HAMILTON AVENUE

City
SAN JOSEState
CAZip Code
95131Purpose of Disbursement
Service Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB4028

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

41.65

TOTAL This Period (last page this line number only).....▶

36006.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. BACON FOR CONGRESS

Mailing Address PO BOX 391368

City
OMAHAState
NEZip Code
68139Purpose of Disbursement
INKIND: Event Costs

011

Category/
Type

Candidate Name

Bacon, Don, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C C00575167

Transaction ID : NONB4035

Amount of Each Disbursement this Period

1362.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City
Tarpon SpringsState
FLZip Code
34688Purpose of Disbursement
INKIND: Event Costs

011

Category/
Type

Candidate Name

BILIRAKIS, GUS, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : NONB4038

Amount of Each Disbursement this Period

603.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GOODLATTE FOR CONGRESS

Mailing Address 5341 FOX RIDGE ROAD

City
RoanokeState
VAZip Code
24018Purpose of Disbursement
INKIND: Event Costs

011

Category/
Type

Candidate Name

GOODLATTE, BOB, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: VT

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C C00257956

Transaction ID : NONB4039

Amount of Each Disbursement this Period

603.63

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City
HOLLIDAYSBURGState
PAZip Code
16648Purpose of Disbursement
INKIND: Event Costs

011

Category/
Type

Candidate Name

SHUSTER, BILL, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : NONB4040

Amount of Each Disbursement this Period

603.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. STEVE CHABOT FOR CONGRESS

Mailing Address 3030 HARRISON AVENUE

City
CINCINNATIState
OHZip Code
45211Purpose of Disbursement
INKIND: Event Costs

011

Category/
Type

Candidate Name

Chabot, Steve, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C C00301838

Transaction ID : NONB4037

Amount of Each Disbursement this Period

603.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Tenney for Congress

Mailing Address 228 S WASHINGTON ST, #115

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
INKIND: Event Costs

011

Category/
Type

Candidate Name

Tenney, Claudia, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C C00561183

Transaction ID : NONB4036

Amount of Each Disbursement this Period

1362.99

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Invest in a Strong and Secure America

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City
SARASOTAState
FLZip Code
34230Purpose of Disbursement
INKIND: Event Costs

011

Category/
Type

Candidate Name

Buchanan, Vern, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: FL

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	8		

FEC Identification Number

C C00412759**Transaction ID : NONB4034**

Amount of Each Disbursement this Period

5000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HURD FOR CONGRESS

Mailing Address 526 6TH ST SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
INKIND: 4/22 Event Costs

011

Category/
Type

Candidate Name

HURD, WILL, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State: TX

District: 23

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	2			2	0	1	8		

FEC Identification Number

C C00545467**Transaction ID : NONB4033**

Amount of Each Disbursement this Period

4942.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Kimberlin Brown Pelzer for Congress

Mailing Address 1451 Quail Street, #101

City
Newport BeachState
CAZip Code
92660Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Pelzer, Kimberlin Brown, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: CA

District: 36

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	9			2	0	1	8		

FEC Identification Number

C C00657676**Transaction ID : EXPB4012**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

1000.00